

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Pharmacy Tech Training Program Renewal Form

You may renew online at MyLicense.IN.gov. Create your login credentials using the Register a Business option. Your registration code was on the renewal notice emailed or mailed to each training program. You may also complete and mail this form with any necessary documentation to the address in the top left corner.

PROGRAM INFORMATION: Update address, if needed, and provide a current phone number and email address

Program Name	Program Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Contact Name	Contact Title		

INFORMATION

If your curriculum, training materials, or experiential requirements have changed or been updated since last renewal – please attach a copy of your new curriculum.

PROGRAM AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.

Signature of Authority

Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email renewal4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY

Renewal Fee

Receipt No.

Date